



Neighborhood Assessment Project Request

Dear Neighborhood Leader:

Thank you for your interest in the Mayor's Neighborhood Assessment Project. Please complete this application to request the Neighborhood Assessment Project for your neighborhood.

The success of neighborhood assessments depends on the active involvement of neighborhood groups and other residents. The roles for neighborhood groups and other residents include:

- Talking with neighbors about the benefits of a neighborhood assessment project prior to the quality of life surveys and facilitated workshop;
- Disseminating and collecting neighborhood quality of life surveys;
- Hosting a Department of Neighborhood sponsored neighborhood workshop by securing a location, circulating invitations, and providing refreshments;
- Executing a neighborhood action plan with short-term and long-term goals.

This request will place the below area on a list of neighborhoods to be considered for a Neighborhood Assessment Project in the future. It does not guarantee your neighborhood will be included in the year's NAP schedule.

Date application received (office use only): _____

Applicant Information

Organization requesting NAP: _____

Organization contact person:

Name: _____

Position: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ (Day) _____ (Evening)

Email: _____

Neighborhood Profile

Boundaries (street names of area represented by the organization):

North: _____

South: _____

East: _____

West: _____

What Louisville Metro Council District(s) represent the area _____

Does the area have any representative business organizations _____ (yes) _____ (no)

If so, what is the name of the business organization _____

Households within neighborhood -
single family residents _____ (approximate number)

Apartment complexes within neighborhood - _____ (approximate number)
buildings not individual units _____

Businesses within neighborhood _____ (approximate number)

Describe some of the areas assets

Describe some of the area's challenges

Association Profile

When was your organization formed _____

Does your organization have the following (check):

Articles of Incorporation _____

Bylaws _____

IRS tax status _____

If so, what is the status: _____ 501(c)3; _____ 501(c)4: _____ other

How often does your association meet on an annual basis:

General membership meetings _____

Board of Directors meetings _____

What is the membership _____

What type of communication tools does your organization utilize

Newsletters _____

Website _____

Other _____

Does your neighborhood have a neighborhood plan _____(yes) _____(no)

What year was it completed _____

Was the plan adopted by the legislative body _____

If it has been updated, what year _____

Does the association host regular neighborhood events or projects _____

If so, what are these initiatives _____

Describe the association's goals in having neighborhood assessment project

Please mail the completed form to:

Louisville Metro Department of Neighborhoods
Attention: NAP
400 South First Street, Suite 200
Louisville, KY 40202